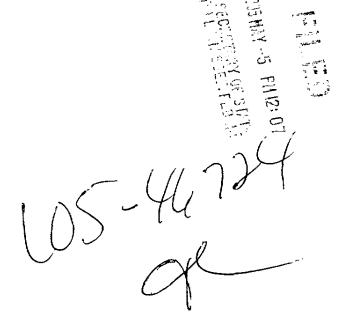


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





05/05/05--01044--025 **260.00



TRANSMITTAL LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Compass Property Group, LLC (Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspon	dence concerning this matter	r to the following:		
Scott Bowr				
	(1)	Vame of Person)		
**************************************	(F	Firm/Company)		
527 Poppell D	rive			
		(Address)		
. Lakelar	nd, FI 33813			
(City/State and Zip Code)				
For further information co	ncerning this matter, please o	call:		
Scott Bowne		at (_863) 712-1023		
(Name of	Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	the following amount:			
		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	y is:	
Compass Property Group, LLC		
ARTICLE II - Address: The mailing address and street address of the street address and street address of the s	he principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
527 Poppell Drive	527 Poppell Drive	
Lakeland, FI	Lakeland, FI	
33813	33813	
ARTICLE III - Registered Agent, Regist The name and the Florida street address of Scott Bowne	tered Office, & Registered Agent's Signature: the registered agent are:	
1	Name	
527 Poppell Drive		
Florida stre	et address (P.O. Box NOT acceptable)	
Lakeland, FI 33813	FL	
City, State, and Zip		

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Scott Bowne
	527 Poppell Drive
	Lakeland, FI 33813
MGRM	James Brown
	222 Ash Lane
	Lakeland, FI 33813
MGRM	Dale Gordon
	2121 Hawthorne Trail
	Lakeland, FI 33803
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott Bowne

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)